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			REPORTS INVI	entoi	RY					CONTROL	<b>10</b> .			
PREPARE IN DUPLICATE  I. TITLE OF REPORT (15 o 511)										DDS/OF-147				
1. TITLE OF REPORT (if a fill-in report include Form No.)										2. TYPE		STAT	ISTICAL	
Financial Management Improvement Report (feeder)										OF REPORT	X		RATIVE	
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3. FUNCTIONAL AREA			LOGISTICS		TRAINING SECURITY			·		ADMIN.	DMIN. GENERAL			
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4. NO. OF COPIES PREPARED			5. FREQUENCY (week	kly, n	monthly, quarterly, etc.)			6. DISTRIBUTION (V						
2			Annual							6. DISTRIBUTION (No. of components not number of copies)				
7. FORMAT (memorandum, form computer print-out, etc)			8. ADP PROCESSING							17				
			YES IF YES GIVE ADP PROCESSING NO.							RECTIVE AUTHORITY REQUIRING REPORT				
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3. COMPLETE DETA	COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or auth INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT									\$ 3 <b>4.</b> 08				
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